

Illinois Preschool Development Grant Birth—Five Needs Assessment

Elevating the Voices of Families: The Family Needs Study

FINAL REPORT

Eboni C. Howard, Patricia García-Arena, Rachel Blume, Katelyn Caton and Vivian Le

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Finally, our most genuine thank you extends to the hundreds of Illinois parents who shared their opinions and perspectives about the early childhood system, their needs, and what the State can do to make the lives of Illinois families better.

Executive Summary

With a grant from the Preschool Development Grant Birth through Five (PDG B–5) by the Administration for Children and Families at the U.S. Department of Health and Human Services and the Office of Early Learning in the U.S. Department of Education, Illinois has focused on developing and updating a statewide Strategic Plan, informed by a statewide Needs Assessment to guide systemic efforts to coordinate Illinois’ comprehensive system so that all children and families have access to the services and supports they need to thrive. Illinois has worked with the American Institutes for Research (AIR) on the statewide needs assessment and on updating the Needs Assessment. For the initial Illinois needs assessment, AIR worked collaboratively with the Illinois Governor’s Office of Early Childhood Development (GOECD) to identify, select, and engage external stakeholders in focus group interviews to better understand the State’s comprehensive Early Childhood Education and Care (ECEC) system. A major take-away from the initial 2020 Needs Assessment is that hearing from a greater collection of family voices is crucial to better understand families’ perspectives of the ECEC system, what families’ needs are, and how the ECEC system might better address those needs.

The purpose of the Family Needs Study, as an update to the Illinois Needs Assessment, is to learn more about Illinois families’ needs for their young children from birth through age 5; understand their use of the ECEC programs and services; and hear their perspectives about the ways the state of Illinois can help families with infants, toddlers, and preschool-age children.

This report describes the key research questions for the Family Needs Study and includes a summary of the qualitative and survey study methods. The report then describes what we learned from the input of 83 parents in focus groups, 94 parents who completed an online survey, and 10 family-focused stakeholder organizations about their opinions and beliefs related to five key themes:

1. Family perspectives about their needs related to ECEC services
2. Barriers they encounter finding, accessing, enrolling in, and using ECEC services
3. Impact of the COVID-19 pandemic on access to ECEC services
4. Opportunities for families to find and receive quality ECEC services
5. Perspectives about what the state of Illinois can do to address barriers and enhance opportunities

Our intention is to capture as many Illinois parent voices as possible through various interview and survey data collection approaches. We used three major data collection approaches in this study to gather diverse parent voices: (1) interviews with stakeholders who represent many parents, (2) focus group interviews with parents of children birth through age 5, and (3) an online survey for parents of children birth through age 5.

Key findings that were echoed across the parents and stakeholders include the following:

- **Family needs.** Many parents struggle to meet their family's basic needs, with basic needs being exacerbated with the COVID-19 pandemic.
- **Barriers to ECEC services.** Families are encountering barriers to enrolling in and using ECEC services. Opportunities to access ECEC services vary depending on geographic location, race/ethnicity, income, and whether the child requires special needs services.
- **Engagement with the ECEC system.** Many families struggle to understand and navigate the ECEC system. Many families struggle to find information about available ECEC services and instead rely on informal channels, such as friends and family. Despite struggles to understand and navigate the ECEC system, parents are generally satisfied with the services they currently receive, those services being mostly child care or preschool services.
- **Thoughts about quality.** Parents and stakeholders broadly define *high quality*, and do not articulate that they do not think of quality using the same terms and metrics the State does, such as through ExceleRate Illinois. As such, parents are generally satisfied with the services they are receiving, yet concerns were raised about the extent to which services were culturally competent and inclusive of all children.
- **Recommendations to the state.** Families' recommendations to the State fall into six categories: augment funding for programs, increase staff wages, engage more with parents and the local community, provide more professional development for staff serving children with special needs, help programs hire diverse staff, and increase availability and access to ECEC services.
- **Opinions about equity and cultural competence.** Although parents reported feeling generally welcomed by ECEC service providers, they shared concerns about the extent to which services are culturally competent and inclusive of all children.

Based on the Family Needs Study findings detailed in this report, based on the perspectives and stories we heard from families we interviewed and surveyed, we encourage GOECD to work with Illinois state agencies and other entities, such as the Early Learning Council and the Family Advisory Committee of the Illinois Early Learning Council, to make recommendations and implement changes to address the needs of families who have young children birth through age 5.

Introduction

Improving efforts to coordinate Illinois' mixed-delivery system so all children and families have access to the services and supports they need to thrive

– Illinois Governor's Office of Early Childhood Development (GOECD)

Illinois' vision is "a place where every young child—regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance—receives the strongest possible start to life so they grow up safe, healthy, happy, ready to succeed, and eager to learn."¹ As such, Illinois has identified a need to improve its comprehensive Early Childhood Education and Care (ECEC) system to better provide for the needs of families with young children. With funding from the Administration for Children and Families at the U.S. Department of Health and Human Services and the Office of Early Learning in the U.S. Department of Education through their Preschool Development Grant Birth through Five (PDG B–5) initiative, Illinois has focused on developing and updating a statewide Strategic Plan. The statewide strategic plan was informed by a statewide needs assessment to guide systemic efforts to coordinate Illinois' comprehensive system so that all children and families have access to the services and supports they need to thrive.²

Illinois has worked with the American Institutes for Research (AIR) on the 2020 statewide needs assessment and on updating the Needs Assessment in 2021.³ In the initial Illinois Needs Assessment (completed in February 2020⁴), AIR worked collaboratively with GOECD to identify, select, and engage external stakeholders in focus group interviews to better understand the state's comprehensive ECEC system. The stakeholders involved in the initial Needs Assessment included a range of people representing different sectors of the ECEC system (e.g., birth–Grade 3 providers, families, and caregivers) and community partners (e.g., local early childhood advocates, researchers, and policymakers). Most stakeholders involved in the original needs assessment were providers and community partners. The voices and perspectives of families in the initial needs assessment were sparse, with

Family Needs Study Purpose

To learn more about Illinois families' needs for their young children from the ages of birth to five, understand their use of the ECEC programs and services, and hear their perspectives about the ways the state of Illinois can help families with infants, toddlers, and preschool-age children.

¹ GOECD (2021a)

² GOECD (2021b)

³ This report and the data presented within it was done under contract Illinois State Board of Education (ISBE) contract 21-586SBE-FINAN-B-21257

⁴ García-Arena et al. (2020)

only eight parents involved in those stakeholder discussions. A major take-away from the initial 2020 Needs Assessment is that hearing from a greater collection of family voices is crucial to better understand families' perspectives of the ECEC system, what families' needs are, and how the ECEC system might better address those needs.

We just have to try to figure a way to help parents. They [parents] deserve this help. They [the state of Illinois can work with us [parents] and figure out a way for these kids to get these services.

– *Focus Group Parent*

Therefore, the purpose of the Family Needs Study, as an update to the Illinois Needs Assessment, is to learn more about Illinois families' needs for their young children from birth through age 5; understand their use of the ECEC programs and services; and hear their perspectives about the ways the state of Illinois can help families with infants, toddlers, and preschool-age children.

Organization of the Report

This report begins, in Section I, with a description of the key research questions for the Family Needs Study and a summary of the study methods. In the following sections, the report summarizes what we learned from families related to our research questions and their focal topics. The topics covered in these sections describe family perspectives about their needs for ECEC services (Section II); barriers they encounter finding, accessing, enrolling in, and using ECEC services (Section III); impact of the COVID-19 pandemic on accessing ECEC services (Section IV); opportunities for families to find and receive quality ECEC services (Section V); and perspectives about what the state of Illinois can do to address barriers and enhance opportunities (Section VI). This report also includes three appendices—Appendix A contains more detail about the study's methodology, including sampling and recruitment; Appendix B has information about the stakeholder interviews; and Appendix C includes survey demographics and responses.

Section I: Study Research Questions and Methods

This study focuses on gathering information directly from parents to help the State better understand the needs of families in Illinois as they relate to ECEC services. The key research questions for the Family Needs Study are as follows:

1. What are families' biggest ECEC needs?
2. What are the biggest barriers for families as they relate to finding, accessing, enrolling in, and using ECEC services in Illinois? Do these barriers vary for different populations in Illinois?
3. How has the COVID-19 pandemic impacted families' access to ECEC services for their children?
4. What opportunities do families have to find and receive quality ECEC services? How do these opportunities vary by different populations of the state?
5. What do families think the state of Illinois can do to address the barriers and enhance the opportunities for families to access, enroll in, and use ECEC services and quality care?

To address these questions, we wanted to capture as many Illinois parent voices as possible through a variety of data collection approaches. In the following subsections, we summarize our methods for addressing the five research questions and include a summary of sampling, recruitment, data collection approaches; measurement approaches; and data analysis techniques. Additional details about our research methods are in Appendix A.

Central Themes Aligned to Research Questions

1. Families' needs
2. Barriers to ECEC services
3. Impact of the COVID-19 pandemic
4. Finding and receiving quality ECEC services
5. What Illinois can do to address barriers and enhance opportunities

Data Collection Approach

The Family Needs Study is a mixed-methods study, using both qualitative (interview) and quantitative (survey) data. We used the following three major data collection approaches in this study to gather diverse parent voices:

1. **Stakeholder interviews:** Sixty-minute video conference semi-structured conversations with stakeholders from organizations who represent and are able to speak on behalf of several parents, families, and residents of Illinois.

2. **Focus group interviews with parents of children birth through age 5:** Ninety-minute in-person or video conference semi-structured conversations with a wide range of parents to gain rich insight into attitudes, behaviors, and beliefs related to the ECEC system. Each focus group participant received a \$25 gift card.
3. **Online survey for parents of children birth through age 5:** A 2- to 5-minute online survey distributed to parents throughout the State to add to the information we learn from the focus groups and stakeholder interviews about the ECEC system. The survey was available in both English and Spanish.⁵ All survey participants were entered into a random drawing to win one of 80 prizes, which included 50 \$20 Visa gift cards, 20 \$50 Visa gift cards, or 10 \$100 Visa gift cards.

More details about the data collection approaches and data collection activities can be found in Appendix A.

Parents of English Learners

To ensure that we were recruiting parents of English learners (who often prefer languages other than English), all recruitment materials were translated into Spanish. Ultimately, **4 of our 10** focus groups were conducted bilingually, with one of those focus groups comprising entirely Spanish-speaking participants. We also had 65 responses to our Spanish version of our online family needs survey.

Sample Recruitment Methods

Our general population of interest in this study was families who live in Illinois with children who are birth through age 5. However, with guidance from GOECD, we wanted to sample three specific populations for this study. These population groups included: (1) parents of English learners, (2) parents of children with disabilities, and (3) African American parents of lower socioeconomic status. To recruit participants into the study who represented the three prioritized populations, we used a combination of convenience, purposive, and snowball sampling methods to recruit participants who were (a) likely to have the prioritized characteristics that we wanted in our study sample and (b) were convenient to recruit within the timeline of the study.⁶ Additional specifics about our recruitment approach for each data collection method we used is detailed in Appendix A.

⁵ With additional support from GOECD, AIR also translated the survey into the additional languages of Arabic, Polish, and Chinese.

⁶ A convenience, or otherwise known as an opportunistic, sampling approach uses an open period of recruitment that continues until a set number of respondents or organizations are enrolled. Purposive sampling is a method with which potential study participants are intentionally selected to represent the predetermined demographic characteristics to enable exploration and description of the conditions and meanings occurring within each of these demographic groups. Snowballing or word-of-mouth techniques make use of referral sources through which participants recommend other individuals they know who may be eligible, (Palinkas et al., 2015).

Geographic diversity was another consideration in our sample and recruitment goals, to make sure we had families that were representative of the seven regions of Illinois, as defined by the Illinois Department of Public Health.⁷ We conducted our recruitment efforts and collected the final sample during a 5-week period in the fall of 2021. Exhibit 1 details the final sample. Appendix A provides a map of the geographic distribution of the sample, as well as information about the demographics of the focus group and stakeholder interviews. Appendix B provides details about the stakeholder organizations. Appendix C provides details about the demographic characteristics and responses from online survey participants.

Demographic Characteristics of Focus Group and Survey Participants

Focus Group

- 42% African American
- 32% Hispanic/Latino
- 22% White
- 4% Other

Online Survey

- 13% African American
- 38% Hispanic/Latino
- 61% White
- 26% Other

Exhibit 1. Family Needs Study Sample, by Data Collection Approach and Illinois Region

Sample, by Illinois Region ^a	Number of Stakeholder Participants	Number of Focus Group Participants	Number of Online Survey Participants
Total sample	15	83	944
Region 1	6	24	153
Region 2	1	16	169
Region 3 ^b	-	-	89
Region 4	3	3	158
Region 5	1	27	152
Region 6	1	6	136
Region 7	3	7	66

^a Regional counts do not align with total sample numbers because not all participants indicated a region of Illinois.

^b Due to study limitations with time and resources, we were unable to recruit in region 3 for stakeholder participants and focus group participants.

⁷ Illinois Department of Public Health (n.d.)

Analysis Procedures

Focus group and stakeholder interview data were recorded and transcribed. Summary notes were also taken during the interview process. After interviews were completed and audio files transcribed and translated (as needed), we reviewed all interview notes and transcripts to analyze using a thematic analysis.⁹ Thematic analysis supports exploration and discovery of categorical relationships deriving directly from the data and encourages sensitivity to emergent patterns within and across data sources. We used Microsoft Excel to load sets of predetermined set themes related to our research questions, allowing the research team to link direct portions of the interview data to codes. In the event that analysts encountered a study-relevant response or segment of data that cannot be accurately categorized under any of our preselected codes (based on the construct definition), an “other” code was applied and/or new codes were created by the team.

To analyze the quantitative survey data, we produced univariate statistics (e.g., distributions, central tendencies, frequencies, proportions, and crosstabs) to describe and summarize responses.

Limitations of the Approach

Given health and safety concerns due to the COVID-19 pandemic, the reliance on virtual technology (Zoom) to conduct interviews, the use of only an online survey (paper version was not available), and a limited data collection period, the families across Illinois who had the most needs may not have been included in the study. The study attempted to address this limitation of the virtual focus groups by conducting 2 of the 10 focus groups in person (in Region 2, we talked to a group of Spanish-speaking parents, and in Region 7, we talked with families receiving home visiting and who also were parents of children with special needs) and by offering the option to join the virtual video calls by phone, noting that a computer or video camera was not necessary.

Despite these limitations, we were able to hear from Illinois families from across the State; a total sample of 1,027 parents and 10 stakeholder organizations that represent hundreds of families from different regions. Thus, we can learn more about families’ needs and uses of ECEC programs from their own perspectives and viewpoints. In the following sections, we share the findings and viewpoints from parents and stakeholders, organized by each of the five research questions.

⁹ Thematic analysis is the systematic process of discovering and categorizing qualitative data that represent predominant and important themes about the experiences and perspectives of the interview participants. Themes were identified based on what had been explicitly said in the interview data, which means that the unit of analysis (or coding unit) for the qualitative text is a theme. We looked for the expressions of an idea by interview respondents and assigned a code to any amount of text, as long as the text represented a single theme. Codes were then checked for reliability among the project team.

Section II: Family Needs

In this section, we describe the biggest family needs shared with us in interviews with stakeholders, focus groups with parents, and through the online survey. Originally, per our research questions, our focus was on understanding what families' biggest needs were

specific to ECEC services and programs. But, from the perspectives of families, we learned that parents and stakeholders do not think of needs as meaning only ECEC services—many parents and stakeholders included needs that relate to and are broader than what may be accessed in the ECEC system.

Many parents are struggling to meet their family's basic needs.

"We need the co-pay lowered. We need reliable transportation. My little truck is on his last leg. . . . Unfortunately, I can't even think about getting another car now; we're paying for child care."

"I'm still trying to find a stable home right now with Section 8 [housing choice voucher program]. And that's terrible."

"A lot of people have past due bills, or they can't afford the internet as well."

Many parents struggle to meet their family's basic needs.

We asked **survey respondents** ($n = 944$) about what types of services and supports their households currently need help with. Although 26% of the survey respondents stated their families did not need any help, the remaining respondents (74%) stated their families needed help with at least one or more items. Of the online survey respondents, 19% of respondents reported having one need, 18% respondents reported having two or more needs, and 39% of respondents reported three or more needs.

Necessities such as housing (31% of respondents included needing help paying for rent, fighting evictions, or finding stable housing or avoiding homelessness), health care (30% of respondents included items such as paying for doctor visits and prescription drugs), and food (30% of respondents included items such as needing help to buy food and having reliable access to food) were the most

prevalent needs reported by survey respondents. Other needs reported included employment services (24% of respondents; e.g., help finding a job), adult mental health services (23% of

Thirty-nine percent of parents reported that their households needed help with three or more of these types of items:

- Food
- Housing
- Health care
- Mental health services
- Addiction services
- Employment
- Transportation
- Finances
- Refugee services
- Immigration services

respondents; e.g., help with depression, anxiety, family counseling, emotional disorders) and transportation (18% of respondents; e.g., help buying a car, fixing a car, access to public transportation).¹⁰ Focus group participants also echoed their need for housing, food, and transportation, with four of the 10 focus groups strongly raising these family needs.

And I was already cut off food stamps. When you miss a whole entire week of work, [because of child care needs], you have to say to your child, “We’re having toast again.”

– Focus Group Parent

The stakeholders also raised the issue of basic needs being a concern for the families they serve, with the specific type of basic need varying based on the population of families they served or represented. Stakeholders acknowledge that if families are struggling with economic security, housing stability, employment, mental health, addiction, trauma, and other issues, it is hard for them to also think about the early childhood education and care experiences for their children.

When you are not economically secure, it is hard being a parent. This is something people simply do not understand if they’ve never been poor. They think that people are “bad parents.” No. It’s just hard being a good parent when you don’t have good decisions to make. It’s hard making good decisions when poverty creates these situations where all you have is surviving. And then outside of that, things aren’t talked about anywhere near enough when it comes to parents of zero to 5-year-old children is emotional and mental support.

– Illinois Stakeholder

¹⁰ All descriptive statistics for the online survey can be found in Appendix C.

Section III: Barriers to Finding, Accessing, Enrolling in, and Using ECEC Services

In this section, we describe the various barriers that families reported encountering when finding, enrolling in, and accessing ECEC services. When we asked families this question in the focus groups and in stakeholder interviews, there was consistency with in their responses about family needs. In general, most families struggle to afford child care, which we discuss further in this section. From our stakeholders, we learned that the biggest specific needs for the families are navigating and/or affording the programs in the ECEC system. We also learned that these barriers are disproportionately faced by families in lower-income households, families with children who are English language learners, families with children who have special needs, and/or families living in more rural locations. In this section, we detail these barriers, along with reasons why these barriers are not distributed equally.

Eligibility is a major barrier to ECEC services.

“It was like a catch-22. We make too much, but then our out-of-pocket for child care was going to be too much as well.”

“I think the income guidelines do not include a large population of people who need it. That middle ground of you make too much to qualify but you don’t make enough to afford the daycare.”

“In order to get assistance, you would have to have a job, how can I have a job if I don’t have a sitter?”

Many families struggle to find information about available ECEC services and instead rely on informal channels, such as friends and family.

In 7 of the 10 focus groups, participants discussed learning about their ECEC services through friends or families. Participants in half (5 of 10) of the focus groups expressed frustration with the lack of information about ECEC opportunities available to parents, with several parents sharing stories of feeling lost when they had their first child, which was especially true for first-time parents navigating federal and state programs, such as Medicare.

When I was pregnant . . . I literally was on the phone and made 36 calls in 1 day because I couldn’t get through to anyone. And it was really stressful, which is one thing you don’t need when you’re pregnant. So, I guess it would be really helpful if there was a channel for moms that are new to everything to maybe try and navigate.

– Focus Group Parent

In 5 of the 10 focus groups, participants agreed that ECEC programs need to do better in reaching out to families. The following recommendations emerged: (1) advertise child care programs at obstetrician, gynecologists, and pediatrician offices; (2) use general social media for outreach; and (3) create a more centralized database or system for parents to easily access a variety of services.¹¹

There are a lot of programs that have been rolled out throughout CCAP [Child Care Assistance Program] and throughout the Head Start Association that a lot of families don't know about because even in the lower income neighborhoods is not being talked about or it's not being presented.

– Focus Group Parent

Opportunities to receive ECEC services vary depending on geographic location, race/ethnicity, income, and whether the child requires special needs services.

Unsurprisingly, a major theme that emerged from all 10 of the focus groups was that opportunities to find and enroll in services varied depending on location and the services required. Parents of children with special needs and English language learners generally felt a lot more limited in the types of services available to them. Participants in 9 of the 10 focus groups discussed how opportunities for services vary depending on location, with services generally being a lot less available outside of Chicago. Exhibit 2 presents some representative comments from parents in each prioritized population.

Exhibit 2. Example of Parents' Thoughts about ECEC Opportunities

Special Population	Example
African Americans with low incomes	"We don't receive the same services as folks who live on the North Side. It's quite known that the South Side and the West Side is mostly Black families, and the North Side is mostly . . . There's a mixture, but I think there's more White families on the North Side. And it's just a big gap. It's a big difference."
Children with special needs	"With my older child, he was denied access, and that's the same for other families too. Places would call and say they can't accommodate them, especially if they have complex medical needs. They wouldn't take my son with a feeding tube. The in-home providers in my area are not trained to work with children with disabilities, and I've spoken to multiple parents about it. Parents felt like they had to choose working over what's best for their child. Or parents felt that they had to stay home, like myself, since there were no options."

¹¹ The Illinois Department of Human Services (IDHS) does have a Child Care Assistance Program (CCAP) that collaborates with local Child Care Resource and Referral (CCR&R) agencies, but this may mean parents still do not know about it or how to use/access these programs, and these systems may not include preschool, home visitation, and other ECEC programs.

English language learners	“... [where I live] PreK last year it was big battle, there was no English learner services for her [my daughter]. All programs [are] in English, this is what we offer, nothing we can do with that.”
Residents of rural areas of Illinois	“There is one daycare and very few in-home providers for our area. There is a waiting list for the daycare or in-home providers. I’ve looked at the learning centers many times; however, I live in Schuyler and therefore my children would have to go to a school in Schuyler County. So, Beardstown and Macomb’s are off the table for us. I know of a lot of single and low-income families from this area, including myself, that would appreciate such coming to our town.” ¹²

Families are encountering barriers to enrolling in and using ECEC services.

In 4 of the 10 focus groups, participants identified bureaucratic barriers, such as excessive paperwork, long wait times, and excessive delays, to enrolling their children in services. In one focus group, three of the seven participating parents shared similar stories of their child care provider losing or mishandling the child’s paperwork due to the pandemic and the transition to electronic records. One parent explained, “The paperwork always got lost somehow somewhere. They couldn’t find it. So that was the main thing through Child Care Connections and the daycare. One of them didn’t receive it, so that delayed the process. And then one time I had to restart all over again. So, it like pushed back a lot.”

Alarming, Spanish-speaking participants were much more likely to express experiencing these bureaucratic delays. One participant experienced not only a lack of communication but also a lack of professionalism that hindered her child’s ability to enroll. The participant explained that even after providing all the necessary information, she only heard back much later that because she was missing some dates in the paperwork, her child couldn’t be enrolled in the program.

Families are struggling to understand the ECEC system.

Most stakeholders shared that families they represent face barriers to navigating the ECEC system related to eligibility requirements and clear communications to parents about services, as discussed in Section II. Stakeholders also discussed the complexity families face in trying to use ECEC services. For example, related to preschool services that are only available for half-the-day, in combination with child care, one stakeholder explained the difficulty of piecing together programs to create a full-day learning and care experience for their children.

¹² This mother was unable to attend any of our focus groups, so, after completing our online survey, she additionally contacted one of our researchers directly through email with this response.

I was just seeing that our working families sometimes try to combine or layer two programs together to create a full day for their child. So sometimes, they'll use PFA [Preschool for All] and Head Start, if they're in those half-day models and merge them together. And what we know, what we're learning is there's a lot of transition that the child has to make, which we know isn't good for the child because sometimes the mom will have to start work before eight and Head Start won't open or PFA won't open until eight. So that child has to go to child care or whatever, and then they're dropped off at the PFA program and then they are transitioned to the Head Start program, and then they are transitioned back to the family home. . . . so parents are trying to piece things together sometimes and it may not be what's best for their child but it's what they have available for them right now.

– *Illinois Stakeholder*

Similarly, stakeholders reported that parents struggle with obtaining the ECEC services they need and are eligible for, including encountering wait list and understanding the range of services that are possible for them to use. A big need (and challenge) stakeholders discussed related to finding child care and preschool services is navigating the ECEC system, including understanding eligibility requirements and getting clear, trustworthy communications about ECEC services. One stakeholder stated, “I think there’s a lot of myth busting and issue education that has to be done to teach parents about how they can make some informed decisions [about enrolling in ECEC services]. Another stakeholder shared, “We’ve heard a lot from families about, especially when children have intense medical needs, that it’s very hard to find a child care provider who’s willing to accept their child, from a liability standpoint. We’ve also had parents, particularly from the City of Chicago, who have said, ‘There are all these, reportedly, blended programs, but I’ve had trouble getting my child into those programs, because they’re primarily saved for elites,’ in the parents’ perceptions; [by *elite*, meaning] children who have a certain type of disability.”

The biggest challenge that we have getting them [parents] in [preschool services]. And we do have waiting lists in some areas, even with people that are income eligible just because our centers are full. And we serve three counties and some counties, some areas, school districts, work wonderful with us. Some [school districts] just put up a wall. And so, that's another challenge is, is trying to get children dually enrolled [in Head Start and school district preschool], that need the services. We have some school districts that say, "Well, you can either come to our early childhood [program] or you can go to Head Start," when, in reality, they [families] can do both.

– *Illinois Stakeholder*

Participants in 8 of 10 focus groups also expressed the gap in services when it came to meeting their children's needs. For instance, one participant's child was not able to receive special education services in a bilingual setting—she had to choose between receiving the developmental supports she needed and preserving her culture. This parent explained, "They [caseworkers] were trying to do what's easiest [for their own workload]. The caseworker is trying to get this case off her desk." Similarly, a parent from another focus group shared that she was struggling to find appropriate services for her child who was in special education and also an English language learner:

For me, it's more in regard to what's offered for who's taking responsibility for the multilingual department. Things just need to be updated. There needs to be more guidelines, more samples out there for IEPs [Individual Education Programs]. Just to remember that not every kid fits into one box. Mine is in early childhood. She is an English learner. She is in special education. It's even harder to find an appropriate program that offers everything that one kid needs.

– *Focus Group Parent*

Many families are struggling to afford ECEC services.

The most frequently referenced barrier discussed in 8 of the 10 focus groups was affordability of care. Many parents complained of excessively high co-pays and of struggling to pay upfront costs at a child care center just to get their children on the waiting list.

My co-pay is \$300 a month, and I just think it's extremely unfair. I really wish it was lower. I remember when I had all three of my older children in daycare in the child care center, for all three of them I still remember to this day, and that was over 10 years ago, the co-pay was \$72 a month. And I know it goes based off income, but still, I don't think that they take in consideration how many people are in the household.

–Focus Group Parent

In 4 of 10 focus groups, participants cited the issue of eligibility for Head Start, Illinois' Child Care Assistance Program (CCAP), and other subsidized child care as another major barrier. Several participants shared stories of deciding to leave the workforce entirely when they learned that their families' combined incomes suddenly meant that they could no longer qualify for the subsidized child care. Stakeholders also echoed eligibility requirements as a barrier. This finding aligns with what we heard from stakeholder interviews: The increase in the minimum wage was making many families ineligible for Head Start and other programs. One stakeholder explained that eligibility is a barrier now, but, with the Illinois increase in the minimum wage to \$15 an hour, it will be more so for families who still do not have the resources to pay for child care without subsidy: "So with the increase in the minimum wage, they're not qualifying for our program. So just a real simple case single mom with two children making \$10.75 an hour and that they, that mom, works 40 hours a week is over income for Head Start."

Transportation and ECEC staffing shortages are additional barriers.

Transportation is a big issue with the low-income families in a rural area, because there is such a thing as rural transportation, but it's not on an on-demand or a schedule where they can just access it in time. It's more just available for certain needs, and they have to schedule it way ahead of time. And just the amount of miles that a family has to travel for any kind of service, whether it's medical business service to get groceries, or anything for the children in the family is a lot. And if they're already limited income, then they're already juggling those dollars that are coming in to pay for basic needs, and sometimes they have to decide, okay, where am I getting gas money to get to work or to fix the car, or what is going to be left undone if I have to do these things?

–Illinois Stakeholder

Many families also struggle with accessing reliable transportation, a need also noted in Section II. Eighteen percent of the parents who completed the online survey stated that transportation is an issue for their family, and 12% of survey respondents stated that transportation is barrier for their child or children in their household. In 6 of the 10 focus groups, participants cited transportation as a major barrier to accessing ECEC services, with families struggling to get their children to their child care provider. Participants also cited other logistical barriers, such as conflicting schedules, as issues. This was especially true for parents of children with special needs, who often lack access to full-day special-needs programs and often must shuttle their children from one service to another.

Parents of Children with Special Needs: Difficult to Access and Stay Enrolled in ECEC Services

Across focus groups, many parents of children with special needs expressed frustration in accessing and staying enrolled in ECEC services. Many focus groups participants shared stories about their difficulty. For examples:

- *“In my region, I think that there are opportunities for child care both in-home and center-based child care, unless your child has disabilities, and then there’s no options...Our experience was that he was denied access even when he attended it would be—he was asked to leave. And that’s not just me [and my experience]. That’s from other parents too in the areas who have children with disabilities.”*
- *“Like my son that got those six disorders his whole life, he would feel like people abandon him or don’t like him because of his disorders. Other kids get to go places. They won’t let him go because he’s too bad. That’s what they say. But it’s not that he’s bad, he can’t control his disorders.”*
- Another parent of a child with special needs shared that the situation for parents of children with special learning or medical needs has not improved. Children are still being denied services, and parents are having to choose between leaving their jobs or taking care of their kids. In her words, *“So we’re continually put in supposedly unsustainable situations, which cause incredible of hardships to our family, just emotionally, financially, the amount of money that’s lost because I couldn’t go back to work because my son couldn’t go to daycare.”*

[The biggest barrier to child care] is most times shortage of staff. And we’re definitely losing more than what they’re gaining. So it is hard. We have one of our centers down here in the Head Start, we shut out a whole classroom because within a 2 weeks’ time, I think the center lost four or five people.

– Focus Group Participant

Many families also discussed staffing shortages that were causing Head Start and other child care centers to shut down classrooms. These staffing shortages have resulted due to strains caused by the pandemic but also due to a general struggle to hire and retain child care educators.

Section IV: The Impact of COVID-19 Pandemic on Families

When assessing family needs in our current time, it is important to gauge the impact of the COVID-19 pandemic on families. Since the start of the pandemic in March 2020, families across Illinois have experienced hardships during uncertain times. In this section, we explore the various challenges that families have encountered due to COVID-19 that impacted financial stability, access to child care, and other ECEC services.

Parents often struggled during the pandemic to meet their family’s basic needs and find child care.

Many focus groups participants discussed that the pandemic has resulted in higher food and gas prices, which has put a strain on families. In most of the focus groups (8 of 10), parents expressed how COVID-19 impacted their ability to access and use child care. When parents in the focus groups were asked how COVID-19 impacted their ability to access ECEC services, parents most frequently mentioned child care. Some parents were also concerned about the health and safety of their children, especially those parents with children who are immunocompromised. As a result, these parents pulled their children out of child care. In other cases, parents who needed to continue working and thus rely on child care found themselves without child care. The pandemic not only led to the immediate, temporary shutdown of child care service providers but to ongoing disrupted child care because of COVID-19 guidelines, rules, and regulations.

COVID hurts, and it has not helped child care at all. You don't feel safe taking your child to a center, and there may be COVID coming about, and then your child is sick and you're helpless. What do you do? In our own center, we had two cases, and we shut down for 2 weeks, but what did the 58 other parents do? . . . COVID has really taken the fun out of child care, [and caused] a lot of distrust.

– Focus Group Parent

Other parents found themselves unable to access child care because of new capacity limits in classroom sizes due to the pandemic. Although the issue of child care space emerged with all types of parents, the issue was particularly prevalent among Spanish-speaking parents, which may be due to the time elapsed between when parents learn of ECEC services and when they begin the child care registration and enrollment process. In other words, by the time the parents learned of and registered for child care, no more spaces were available in a given classroom or program.

When it became evident the COVID-19 shutdown would last longer than the initially anticipated 2 weeks, many ECEC providers transitioned service offerings from in person to virtual. Continuing to offer virtual learning and telehealth services to students with special needs was particularly critical. One parent shared, “For some of COVID, it was beneficial to be online so he [the child] could receive those [speech therapy] services.” However, after some time, continuing services virtually became untenable. The parent went on to state, “This August, his speech therapist said we need to go in person because online is no longer working.” Overall, COVID interrupted services, and parents across focus groups reported loss of communication from therapists. When parents inquired about continuing services, they received little information or few updates from the therapists.

In half of the focus groups, parents openly discussed the impact of COVID-19 on their children’s social-emotional development. Some parents observed their children’s behavior and emotions change during the shutdown. When children returned to in-person recreational activities (e.g., going to the park) and ECEC services (i.e., child care, preschool, and kindergarten), parents noticed their children were not interacting with other children.

Many parents also noted that, because the pandemic created social isolation, physical distancing, and reduced interaction with other people, now children had stopped playing together or socializing with one another. Parents believe COVID-19 has stunted their children’s social-emotional development. Some parents shared that their children are not sharing with one another because they did not have to practice this sharing during the pandemic. Parents also shared that their children struggled with learning and behavior.

Section V: Understanding Quality ECEC Services

High-quality, free child care and education from birth to 5 for all of our children in every community in the State must be the goal.

–Survey Parent Respondent

Quality means an environment where children feel safe and loved, and where there is active education that addresses children’s interests and encourages them how to problem solve.

– Illinois Stakeholder

Focus group and survey respondents indicated they are engaged in the ECEC system in many ways, including through preschool, child care, early intervention, and home visiting services. In the previous section, we discussed the many barriers and challenges that families encounter when trying to find, enroll in, and access high-quality services. However, despite these challenges, families are generally satisfied with the ECEC services they receive and feel welcomed by providers. This section summarizes parents’ satisfaction with ECEC services and what *high quality* means to Illinois families engaged in the state’s ECEC system.

What Does *High Quality* Mean to You and Your Family?

“For us, I think it means that we feel safe with our kids being there, that they feel safe being there, that the teachers care about what they’re doing.”

“I think for me it means consistency. That they’re teaching to the developmental level of the child and also working as a team with the family for whatever the child’s needs are.”

“To me, a quality program is a program to meet everyone[’s] needs. They try their best for compromise with families. If they had an issue to try to find ways to help each family, and for the better of their development, each child in the center.”

“I think being made to feel comfortable in a judgment-free zone was the biggest thing. Because today’s society, you really and truly worry about oh what does this person think of me. Or I can’t say this because I’m going to be judged. Whereas I feel, with Head Start, it’s truly judgment free and they’re just genuinely there to help you.”

– Focus Group Parents

Parents are generally satisfied with the services they are receiving.

The services parents who completed the survey ($n = 944$) most commonly stated they received were child care (42% child care in a state-licensed facility, 28% child care by a relative or friend, 28% in a state-licensed family home) and preschool for children ages 3 through 5 (39% of survey respondents). 54% of survey respondents stated they used two or more ECEC services in the last month with 34% reporting they received three or more services in the last month. So,

despite the frequent use of ECEC services and the barriers and challenges parents identified to receiving ECEC services (as detailed in Section III), 71% of survey respondents are satisfied with the ECEC services they received regularly in the last month.

However, even though parents are satisfied with the services they receive, it is important to note that from both parent focus groups and stakeholder interview, the concept of *high quality* ECEC services is broadly defined. One stakeholder explained that many parents do not assess or judge quality in the same way that the State does, “parents don’t know what they don’t know: they don’t know what quality looks like, so they wouldn’t know if they don’t have it. As another stakeholder explained, it parents really don’t care about the indicators of the Illinois’ Quality Rating and Improvement System (QRIS), ExceleRate.

“For us, I think it [quality] means that we feel safe with our kids being there, that they feel safe being there, that the teachers care about what they’re doing.”

– Focus Group Parent

We found in ExceleRate, the QRIS system in Illinois, that parents didn't know and didn't really care about the articles of quality, they were basically looking for what's on my way to my job? ...Yeah, [they are looking for convenience]. We could all probably relate to that as we tend to look [after] our [own] kids, maybe the best one [program] is an hour away and certainly not on the way to work

– Illinois Stakeholder

Parents shared concerns about the extent to which services were culturally competent and inclusive of all children.

Although parents are generally satisfied with the ECEC services, parents of English language learners and children with special needs did voice some frustration about the lack of culturally competent and inclusive instructional practices for *all* children. The need for cultural competency is a theme that emerged in 3 of the 10 focus groups. Two focus groups also discussed the stigma often associated with receiving special education services. In one focus group, several participants agreed that their preschool children had felt excluded from the other children due to receipt of special needs services. Illustrative parent comments about the lack of diversity inclusion practices and cultural competency they experienced in ECCE programs include the following:

When I worked at the community center, younger black parents have a harder time getting services, and their kids were told that they couldn't read. They weren't diagnosed with dyslexia or other learning disorders and stuff. They were told that they have anger issues and that they couldn't read.

– *Focus Group Parent*

“To be honest, my mixed[-race] kids get [treated] differently than my other [White] kids . . . For example, they're trying to make the mixed kids [look] like they're not progressing properly and they're doing just fine. I don't know if it's just the teacher or what, but it's just not fair to me.

– *Focus Group Parent*

“Some things that the classroom that I feel like Head Start dropped the ball on was diversity within my child's class . . . [Diversity] things were not celebrated. . . . It just wasn't getting done until I said something. Then when I said something, I feel like it was forced. . . . The teachers weren't really being so nice to my child. Different things like she told my child that, oh don't . . . 'Don't write a hyphen in between that. That's ugly.' So my daughter came to me and told me that. And she say, 'That really hurt my feelings, Mom.' I was like, 'Okay. But thank you for letting me know that. And you can continue to put a hyphen in your name and it's beautiful and was exactly what you were meant to be named.'”

– *Focus Group Parent*

Stakeholders also reported that the parents they represent had concerns about equity, diversity, and inclusion concepts being in defining *quality* in ECEC systems. For example, one stakeholder stated, “These centers should offer developmentally appropriate curriculum and be able to teach learners in different ways. Services [should be] accessible to English language learners and are culturally competent.”

For pre-K last year, it was a big battle where there were no appropriate English learner services for my daughter. They just told me, ‘All of our programs are in English. This is what we have. This is what we’re going to offer. And there’s nothing we can do about that.’”

– *Focus Group Parent*

For Hispanic communities, especially, having that linguistic help is necessary for there to be quality. It just really is hard for a parent to enroll their kids if they don’t speak English and the center doesn’t speak Spanish. So that’s that fear factor, too. And then when you start taking into concern bilingual early childhood education, that means needing bilingual providers.

– *Illinois Stakeholder*

In terms of equity, specifically, stakeholders felt sometimes the state-driven idea of quality ends up being a non-supportive or punitive approach in which certain centers are not provided the resources to excel, which then adds to equity issues in family accessing. For example, one stakeholder explained,

What I don’t want to buy into is that because quality is so important, that we need to just start shutting down places. Because I think [that’s] what ends up happening. What I’m about to say is an equity answer. . . . what happens when we focus on quality, though, is that it’s a punitive system that does not provide the support that the different centers need. . . . I think quality has just been used against smaller agencies or home-based [providers]. We got to keep the kids safe, but how do we do it in a way that we’re really helping that whole sector, or those providers?

– *Illinois Stakeholder*

Section VI: Perspectives on What Illinois Can Do to Address Barriers and Enhance Opportunities for Families

Focus group participants, key stakeholders, and online survey respondents all shared recommendations for the state of Illinois on how to address the needs, barriers, and challenges families face when engaging with the Illinois ECEC system. The recommended solutions parents shared fall into six main categories and are displayed in order of frequency below:

1. **Coordinate and augment ECEC funding.** Parents and stakeholders recommend the State either better coordinate and/or provide more funding for ECEC services in Illinois. A focus group parent explained, “A lot of programs have been cut, so we need more funding to hire qualified teachers and buy the necessary materials.” Stakeholders added that coordinating funding is critical, such as by making sure funding to Preschool for All (PFA) programs is not causing a decrease in federal funding to Head Start programs in the same community. One stakeholder said, “Some families will thrive with PFA, because they don’t need all of that wraparound services [from Head Start]. And some families will thrive in Head Start, because they need all that. And so I think it’s up to us as a system to help families navigate that and to understand [which programs meet their needs].”
2. **Increase staff wages.** Focus group and survey respondents recommend that the State increase the wages of early child care educators. A survey respondent shared, “The educators in the field deserve to be treated as essential workers and compensated for their roles in providing the services they do for children and their families.” In almost every focus group, parents commented that early child care educators were underpaid for the work they performed. Additionally, parents stated that low wages were the primary contributor to early child care educators leaving the workforce.

You know what, it really sounds to me with this that, a lot of people that’s making these rules have no idea or clue about what’s going on inside a classroom...They’re not listening to the teachers, they [teachers] have experience of what they need, they will quit. I’d be gone that first hour. I’d be out there. \$10 an hour, I’m gone, bye. But that’s where it comes to where they need to really look into increasing the pay for those teachers”

–Focus Group Parent

3. **Engage more with parents and the local community.** Parents would like to see service providers engage more with parents or the local community, so that more parents know about programs available to them. For example, one focus group parent offered specific suggestions, “Social media campaigns, TV commercials, and mailings would help with marketing of ECEC services. These campaigns would help parents understand their rights so they can advocate more for their children.”
4. **Hire diverse service providers.** Focus group participants urge the State to hire program staff who are more diverse to serve and meet the needs of their children. As we detailed in our Barriers section, many parents struggle with culturally incompetent early childhood educators. In one focus group, the participants (all African American) discussed how they would feel more comfortable placing their children with providers from a similar background to them. A focus group parent shared, “There is a need to actively recruit Black and Brown service providers to let them know about the different fields in early intervention.” Hiring more diverse staff fills an existing need and enables parents to feel more welcomed by their child care educator, helping to address issues of cultural relevance and competence.
5. **Offer more professional development for staff serving children with special needs.** Focus group parents shared they do not feel comfortable enrolling their children in child care centers where staff do not have training to work with children who have special needs.
6. **Increase availability and access to ECEC services.** Several focus group participants agreed the State should work to widen availability and increase the income threshold so that families that work two jobs but are still struggling can receive assistance. A survey respondent explained, “ECE is extremely costly and yet necessary for parents to be able to work. It’s an economic drag on family budgets.” ECEC services need to be subsidized for all children to allow all children a safe and nurturing space. Included in the idea of expanding availability and access to ECEC services is supporting the need for transportation, which so many families have. A stakeholder shared,

I would think on the State level, specifically the transportation, for sure there could be something done. I know for instance, we have a lot of foster children in our program this year and even last year, and we have some issues where even foster children in their foster homes are struggling with transportation. And our program can provide referrals, but we don't have the funding in order to assist those families to get their vehicles fixed, or, you know, we can provide the information. We don't have the funds. And so for me, it's frustrating just because when I see these are children who are . . . They're the State's children.

-Illinois Stakeholder

Conclusion

This Family Needs Study elevated the voice of parents with young children throughout the state to better understand the ECEC experiences of Illinois families today. It is quite apparent from the stories and perspectives shared with us that many Illinois families are struggling to meet their basic needs and are confused by the supports they could get through the ECEC system. That families encounter many barriers and challenges when trying to find, enroll in, and access high-quality services must not be ignored. However, despite these challenges, families are generally satisfied with the ECEC services they receive and feel welcomed by educators. It is critical to act on the recommendations put forth by parents regarding how to address barriers and enhance opportunities for families. This can potentially take the form of improving the coordination and access of ECEC services through promoting collaboration at the local level between Head Starts, preschools, and other childcare centers, engaging more with parents and the local community members, supporting the hiring of diverse service providers, and expanding education of educators around diversity, inclusion and cultural competence practices.

The next step is for Illinois to take knowledge gained and resources provided by such opportunities as the Preschool Development Grant Birth through Five to continue to make improvements to services for families with young children. We encourage GOECD to work with state agencies and other entities, such as the Early Learning Council and the Family Advisory Committee of the Illinois Early Learning Council, to digest the findings and the perspectives of families shared in this report to begin implementing changes to address the needs of families who have young children who are birth through age 5.

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Appendices

Appendix A. Data Collection Procedures and Sample Recruitment

We used three major data collection tools in this study: (1) an online survey for parents and families of children birth through age 5, (2) interviews with key stakeholders involved in providing Early Childhood Education and Care (ECEC) services or advocating for families, and (3) focus groups with parents of children birth through age 5.

- The brief **online survey** followed basic design principles, such as limiting the number of questions, using clear and concise wording, and embedding easy-to-follow (i.e., well-programmed) skip patterns with mostly close-ended questions. And, at most, one open-ended question took less than 10 minutes to complete. To ensure evaluators collected feedback representative of the state’s families with young children, the survey was available in both English and Spanish.¹³
- For both the **stakeholder interviews** and the **parent focus groups**, we developed one semi-structured interview protocol with several closed- and open-ended questions focusing on various dimensions and constructs related to our research questions. Although there was overlap in the types of questions asked of each focus group, there were also questions that are unique to particular focus groups, depending on the population of parents they represent. We included probes for questions to ensure that we gathered the level of detail needed.

Exhibit A-1 presents the three types of data collection activities conducted, along with the targeted number of participants and the actual number of participants involved. We met or exceeded our sample size targets.

Exhibit A-1. Targeted and Actual Sample Size, by Type of Data Collection Approach

Data Collection Approach	Targeted Sample Size	Actual Sample Size
Stakeholder Interviews	10	15
Focus Group Interviews ¹⁴	80	83
Online Survey	100	944
Total Number of Participants		1,042

¹³ With additional support from the Illinois Governor’s Office of Early Childhood (GOECD), the American Institutes for Research (AIR) also translated the survey into the additional languages of Arabic, Polish, and Chinese.

¹⁴ Due to a compressed project timeline and budget constraints, as of December 13, 2021, there is a waiting list of 81 parents who expressed interest in participating in a family focus group.

Recruitment Details

In reaching our target sample size, we had two key considerations related to diversity:

1. Specific focal parent/family populations: English learners, parents of children with disabilities, and African American parents of lower socioeconomic status.
2. Geographic diversity: Region of the state as defined by the Illinois Department of Public Health,¹⁵ including considerations for urban, suburban, and rural areas.

To reach our target sample sizes and diversity goals, we used multiple recruitment methods, such as (1) collaboration with GOECD, (2) referrals, and (3) general outreach.

- For the **stakeholder interviews**, AIR and GOECD selected a handful of stakeholder organizations that would be able to speak on behalf of families utilizing ECEC services from across the state of Illinois. Appendix B provides the complete list of the stakeholder organizations that participated in our study.
- For the **focus groups**, we relied on referrals from stakeholders and community organizations; the Early Learning Council’s Family Advisory Committee; and from the focus group participants themselves, who recommended their friends and neighbors (i.e., “snowball sampling”).¹⁶ We also recruited focus group participants through a flyer that was posted on GOECD’s website and distributed to ECEC service providers across Illinois.
- GOECD assisted in distributing the **online survey** link, using its email contact listserv to more than 6,000 subscribers. The online survey was also shared by the participant stakeholder organizations, the Early Learning Council’s Family Advisory Committee, the Early Learning Council’s Inclusion Subcommittee, the Illinois Head Start Policy Council, and other organizations.

¹⁵ Illinois Department of Public Health (n.d.)

¹⁶ The Early Learning Council’s Family Advisory Committee is a group of diverse parents from throughout Illinois, who were selected by the state to add parent voice, perspective, and experience to the early childhood system and policy landscape. Given their relevancy to our study, we interviewed (1) the Family Advisory Committee chairpersons as a stakeholder organization, (2) an additional group of Family Advisory Committee parents as an individual focus group, and (3) parents the Family Advisory Committee referred to us.

Exhibit A-2 provides details about the race/ethnicity characteristics of the focus group participants.

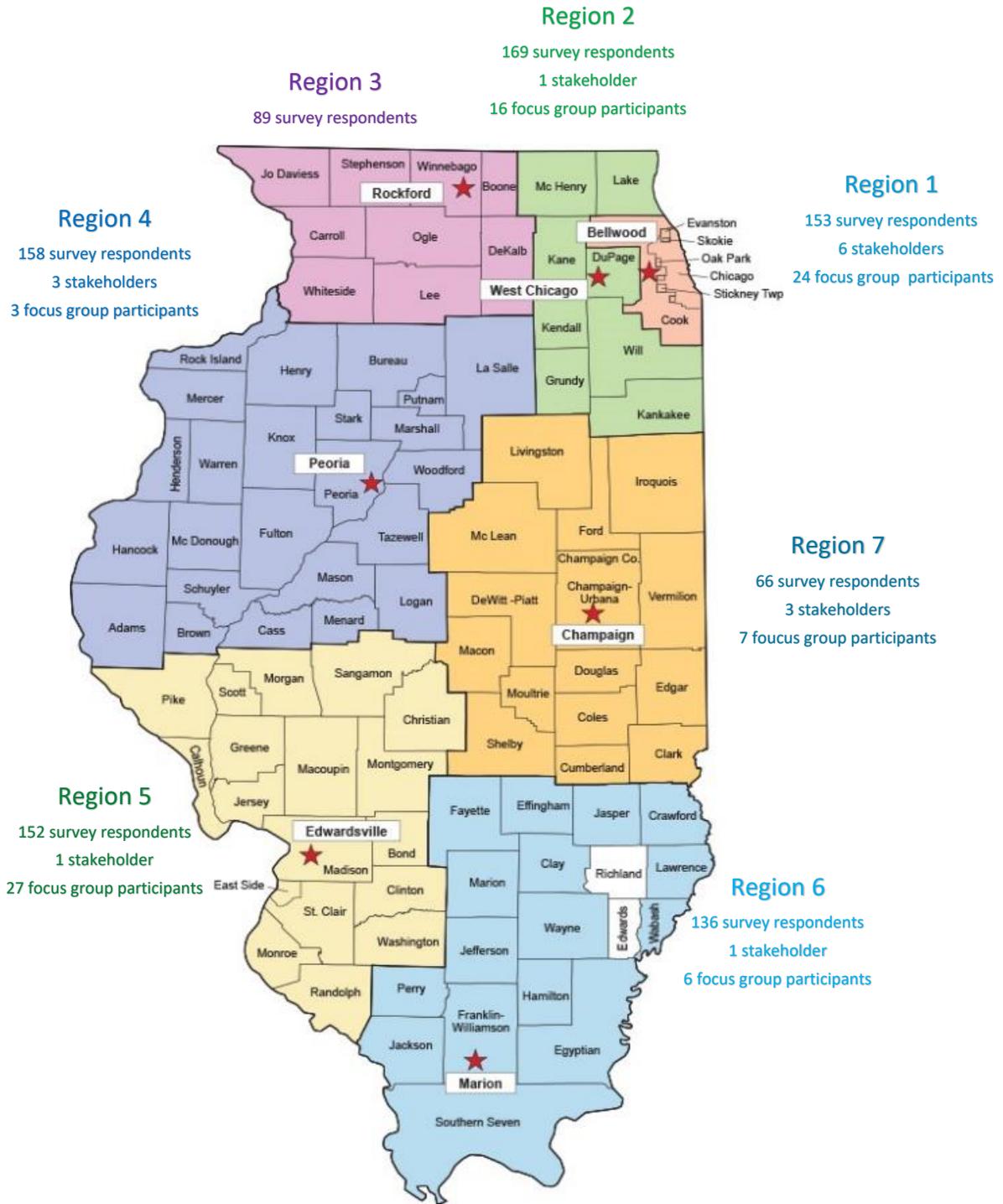
Exhibit A-2. Self-Identified Race/Ethnicity of Focus Group Participants

Race/Ethnicity (Self-Identified)	Number of Respondents	Percentage of Respondents
White	18	21.7
Black	35	42.2
Hispanic/Latino	27	32.5
Other	1	1.2
Prefer Not to Say	2	2.4

Note. Total number of focus group participants was 83 people, across 10 focus groups.

Exhibit A-3 summarizes the sample size achieved by Illinois region for each data collection strategy.

Exhibit A-2. Distribution of Study Sample across Illinois Regions



Appendix B. List of Stakeholder Organizations

Organization	Type of Organization	Populations Represented	Illinois Regions Represented
COFI (Community Organizing and Family Issues)	Advocacy and parent organizing	Parents from a variety of Chicago community areas and Aurora, East St. Louis, Elgin, and Evanston	Regions 1, 2, and 5
Illinois Action for Children	Service provider, advocate, and research organization	Families with young children with a focus on racial and geographic equity	All (mainly Region 1)
Illinois State Board of Education Early CHOICES Initiative	State affiliation	Families of young children with disabilities	All regions
Family Advisory Committee of the Illinois Early Learning Council	State affiliation	Early Learning Council committee of families representing seven regions of the state Select chairs or representatives from the council	All regions
Illinois Head Start Association	Professional organization	Illinois Head Start programs	All regions
Inclusion Subcommittee of the Early Learning Council	State affiliation	Works to ensure integration and alignment of early childhood programs and initiatives to other systems in issues related to children with or at risk of delays and disabilities	All regions
Latino Policy Forum	Advocacy organization	Advocates policies and programs for the Latino community	All (mainly Region 1)
Parent and Child Together (PACT) for West Central Illinois	Service provider	Head Start centers in Pittsfield, Beardstown, Macomb, Carthage, and Camp Point	Regions 5 and 6
RefugeeOne	Service provider	Refugee families	All (mainly Region 1)
Western Egyptian Economic Opportunity Council, Inc.	Service provider	Provides resources to assist low-income residents of Jackson, Monroe, Perry, Randolph counties	Regions 5 and 6

Appendix C. Descriptive Data and Responses from the Online Survey

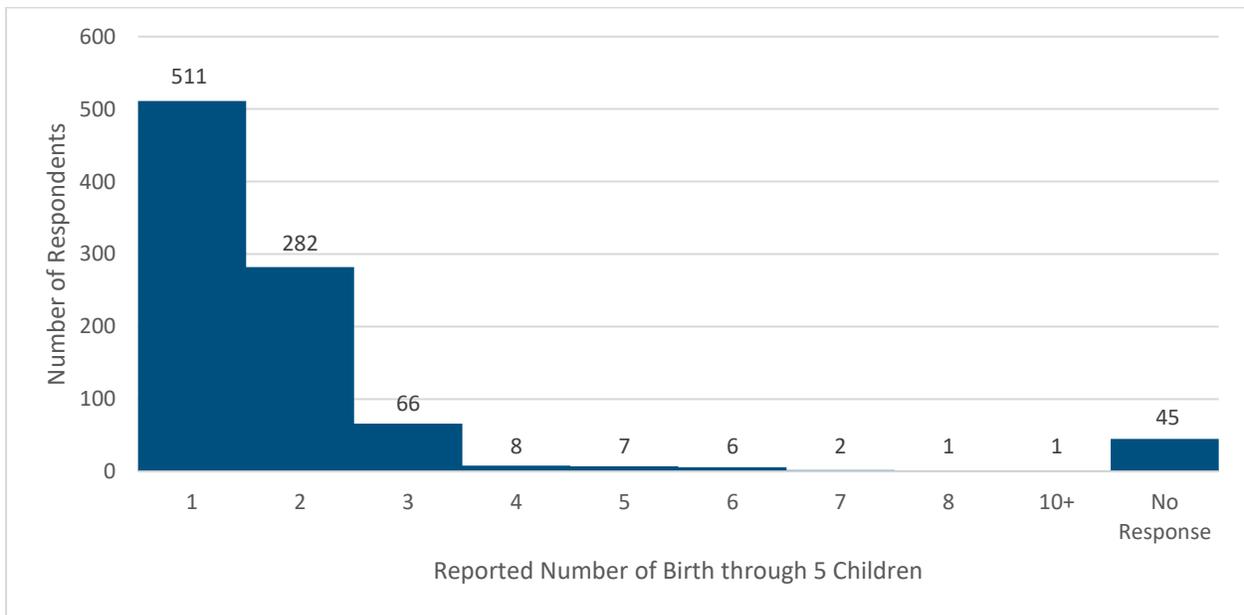
Survey Respondent Demographics

Online Survey: Number of Children in Household

More than half of the online survey respondents (54%) had only one child under the age of 5 in the home. Respondents with two children were the second most common (30%), and respondents with three or more children made up 15% of the total number of respondents. More than 90% of all respondents reported having three or fewer children birth through age 5 in the home. Most respondents reported having only one (54%) or two (30%) children in the home (see Exhibit C-1).

These patterns were constant when looking at either the English or Spanish survey results. When examining the responses by the survey taken, many respondents to both surveys reported only one child under age 5 in the home, although a smaller percentage of Spanish survey respondents (42%) reported having only one child than did English respondents (56%). Similar numbers of respondents to the Spanish (28%) and English (30%) surveys reported having two children. A far greater percentage of Spanish respondents (30%) reported having three or more children in the home than did English respondents (14%).

Exhibit C-1. Number of Children under Age 5 in Respondents' Homes



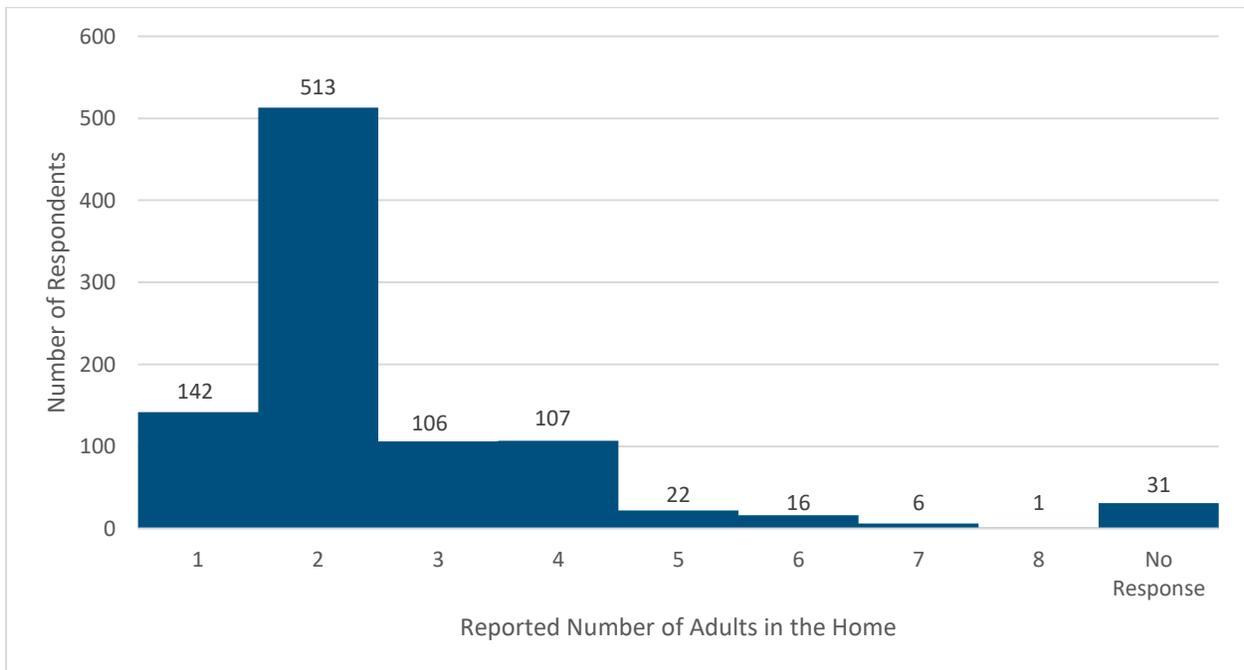
Note. N = 944 respondents

Number of Adults in Household

Most of the respondents (54%) had two adults living in the home. Homes with only one adult were the second most common household configuration (15%). Exhibit C-2 illustrates the number of adults reported to reside in each respondent’s home. Overwhelmingly, respondents reported two adults residing in the home; more than 90% of all respondents reported between one and four adults residing in the home.

Respondents who used the English survey were far more likely to have two adults in the home (56%) than were Spanish survey respondents (39%). Spanish survey respondents were equally likely to have three or more adults in the home (39%) as they were to have two parents in the home; this is nearly 10 percentage points greater than English survey respondents who reported having three or more adults in the home (27%). Spanish survey respondents were also more likely to have only one adult in the home (19%) than were English survey respondents (15%).

Exhibit C-2. Number of Adults in Respondents’ Homes



Note. N = 944 respondents

Online Survey: Self-Identified Race and Ethnicity of Respondents

Most respondents self-identified as White (61%). Respondents who self-identified as Black (13%) or multiracial (12%) were the next groups of respondents most frequently represented. Asian, Native Hawaiian and Pacific Islander, American Indian or Alaskan Native, and other races all represented less than 10% of total respondents (see Exhibit C-3).

Spanish survey respondents self-identified as only four races: multiracial (63%), White (32%), Black (4%), and American Indian or Alaskan Native (2%). English survey respondents self-identified as a wider variety of races: White (65%), Black (14%), multiracial (9%), Asian (4%), American Indian or Alaskan Native (3%), some other race (3%), or Native Hawaiian or Pacific Islander (.5%).

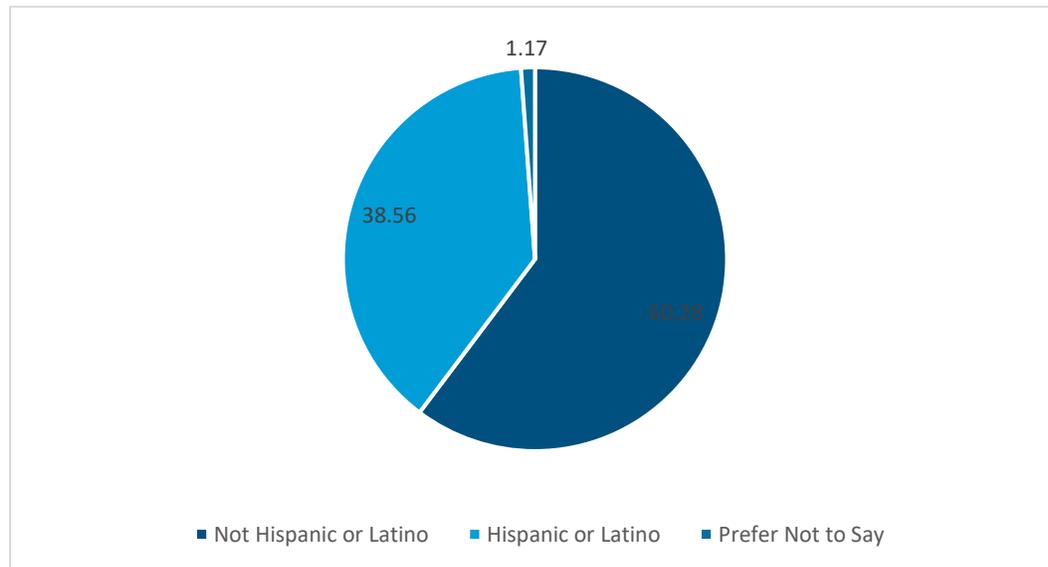
Exhibit C-3 Self-Identified Racial Identity (944 Total Respondents)

Race (Self-Identified)	Number of Respondents	Percentage of Respondents
White	579	61.3
Black	123	13.0
Multi Race	110	11.7
Asian	36	3.8
American Indian or Alaskan Native	24	2.5
Other Race	23	2.4
Native Hawaiian or Pacific Islander	4	0.4
Prefer Not to Say	45	4.8

Note. N = 944 respondents

Just under half of all survey respondents (39%) self-identified as Hispanic or Latino, and the remaining respondents (60%) did not (see Exhibit C-4). Of the survey respondents who completed the Spanish survey, 98% self-identified as Hispanic or Latino, and only 35% of respondents who completed the English survey identified as Hispanic or Latino.

Exhibit C-4. Percentage of Respondents Who Self-Identified as Hispanic/Latino



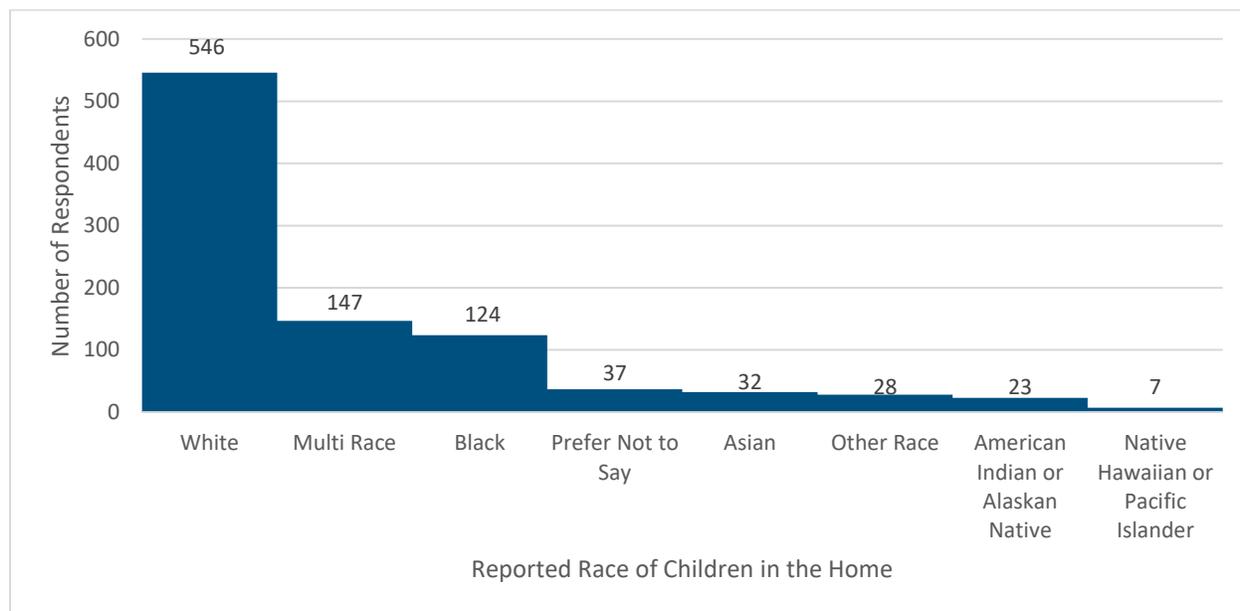
Note. N = 944 respondents

Online Survey: Self-Identified Race and Ethnicity of Children

Many respondents identified their children’s race as White (60%), and similar numbers of respondents identified their children’s race as White or Black (13%), as they had identified their own race. A slightly greater number of respondents identified their children as multiracial (16%), and the remaining races again represented under 10% of the total respondents (see Exhibit C-5).

Of the Spanish survey respondents, 68% identified their children as multiracial, 26% as White, 4% as American Indian or Alaskan Native, and 2% as Black. English survey respondents overwhelmingly identified their children as White (61%), with Black (14%) and multiracial (11%) also frequently reported child races; other English responses included Asian (4%), some other race (3%), American Indian or Alaskan Native (2%), or Native Hawaiian or Pacific Islander (1%).

Exhibit C-5. Respondent-Identified Race of Children in the Home



Family Needs Responses

Exhibit C-6 identifies the needs or services that adults in the home are having difficulty obtaining. Respondents most frequently identified housing (31%), health care (30%), and food (30%) as the needs that adults in the home are currently looking for. Adult mental health services (23%), employment services (24%), finances (19%), transportation (17%), and addictive and compulsive behavior services (14%) were other needs that were frequently reported as adults in the home needing. These results indicate that many of the survey respondents are struggling to meet important needs not just for themselves but for their families as a whole. One quarter of all respondents (25%) reported not needing any help.

Exhibit C-6. Self-Identified Adult Needs

Question 1: Which of the following do you or adults in your household currently need help with getting?	Number of Respondents	Percentage of Respondents
Housing (e.g., help paying rent, help fighting eviction, finding stable housing/homelessness)	293	31.0
Health care (e.g., paying doctor visits, insurance, prescription drugs)	286	30.3
Food (e.g., help to buy food, have reliable access to food)	281	29.8
None, I do not need help	235	24.9
Adult mental health services (e.g., help with depression, anxiety, family counseling, emotional disorders)	228	22.9
Employment services (e.g., help with finding a job)	222	23.5
Finances (e.g., help with bills, buying household items for the family)	182	19.3
Transportation (e.g., help with buying a car, fixing a car, access to public transportation)	168	17.8
Addictive and compulsive behavior services (e.g., substance abuse, alcoholism, gambling, eating issues)	135	13.6
Refugee or asylum services	56	5.9
Immigration services	54	5.7
Affordable daycare/Child care costs	6	0.6
Foster/grandparent groups	1	0.1

Note. N = 944 respondents

The needs and services that respondents' children are having difficulty obtaining are identified in Exhibit C-7. Most respondents required help in obtaining preschool services for children ages 3–5 (35%), child care in general (31%), early intervention services (30%), or special education services (22%). A similar number of respondents reported their children needing access to English language classes (17%), child welfare services (16%), home-visiting services (16%), and transportation (12%). The percentage of respondents who indicated that adults needed transportation help is higher than the percentage of respondents who indicated that their child needed transportation help. The least frequently reported service needed were child counseling and mental health services (0.64%). Again, although 26% of respondents indicated they did not need help obtaining.

Exhibit C-7. Respondent-Identified Child Needs

Question 2: Which of the following does your young child or children in your household currently need help with getting?	Number of Respondents	Percentage of Respondents
Preschool for children between the ages of 3–5 years old	331	35.1
Child care	293	31.0
Early intervention services (e.g., language, speech, hearing, behavior)	282	29.9
Special education services	204	21.6
English language classes	164	17.4
Child welfare services	150	15.9
Home visiting services	149	15.8
Transportation	116	12.3
Child counseling services/Child mental health	6	0.6
None, I do not need help	249	26.4

Note. N = 944 respondents

Exhibit C-8 identifies the ECEC services that respondents have regularly utilized in the last month. The most frequently used services were related to child care—child care in a state-licensed center or organization (42%), preschool for children ages 3–5 (39%), child care by a relative or friend (28%), and child care in a state-licensed family home (28%). Fewer respondents indicated having used early intervention services (17%), informal paid care (16%), and home-visiting services (11%). The services that were identified least frequently as having been used by respondents in the last month were special education services (11%) and English language support (7%); however, these services were more frequently identified as services respondents’ children had difficulty receiving, indicating that not all children who need these services may be receiving them. In this case, only 6% of respondents indicated that they had not used any ECEC services in the last month.

Exhibit C-8. Responses to Online Survey Question 3

Question 3: Which of the following early childhood education and care (ECEC) services has your family (you or your child) used regularly in the last month?	Number of Respondents	Percentage of Respondents
Child care in a state-licensed center or organization (e.g., center-based child care)	395	41.8
Preschool for children ages 3–5	368	39.0
Child care by a relative or friend	265	28.1
Child care in a state-licensed family home (e.g., family home care)	262	27.8
Early intervention services	164	17.4
Private pay nanny, sitter, or other informal paid care	153	16.2
Home visiting services	148	15.7
Special education services	108	11.4
English language support	67	7.1
None, I have not used any ECEC services	60	6.4

Note. N = 944 respondents

As shown in Exhibit C-9, more than half of all survey respondents (71%) are either very satisfied or completely satisfied with the ECEC services they had regularly received in the last month. Twenty percent of respondents were moderately satisfied with the services they have received, and less than 5% of all respondents were slightly or not at all satisfied with the services they had received.

Exhibit C-9. Responses to Online Survey Question 4

Question 4: How satisfied are you with the early childhood education and care (ECEC) services you received regularly in the last month?	Number of Respondents	Percentage of Respondents
Very Satisfied	348	36.9
Completely Satisfied	326	34.5
Moderately Satisfied	192	20.3
Slightly Satisfied	28	3.0
Prefer Not to Say	19	2.0
Not at All Satisfied	11	1.2

Note. N = 944 respondents

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